



**APPLICATION FOR CERTIFICATE OF AUTHORITY
OF A FOREIGN NONPROFIT CORPORATION TO
TRANSACTION BUSINESS IN THE STATE OF INDIANA**

State Form 37035 (R9 / 5-14) / Corporate Form No. 364-4

Approved by State Board of Accounts, 2014

CONNIE LAWSON
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 W. Washington Street, E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

14 OCT - 6 PM 9:51

Indiana Code 23-17-26-1

FILING FEE IS \$30.00

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
 2. Present original and one copy to address in the upper right corner of this form.
 3. Please TYPE or PRINT in INK.
 4. Please visit our office at www.sos.in.gov.
 5. Make check or money order payable to Secretary of State.

- NOTES:**
1. Applicant must submit a certificate of existence issued the proper authority within the last sixty (60) days.
 2. If using a fictitious name, a copy of the resolution must accompany this filing. See Indiana Code 23-17-26-6(a)(2).

**APPROVED
AND
FILED**

Connie Lawson
IND. SECRETARY OF STATE

**APPLICATION FOR CERTIFICATE OF AUTHORITY
OF**

Real Alternatives, Inc.

A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF INDIANA

The undersigned officer desiring to effectuate the admittance of the above Corporation transaction business in the State of Indiana, Certifies the following facts:

ARTICLE I - NAME

Fictitious Name (Only used if name in the application is not available in Indiana.) (See Note 2 above.)

ARTICLE II - PRINCIPAL OFFICE

Address of Principal Office (number and street)	City	State	ZIP code
7810 Allentown Blvd. Ste. 304	Harrisburg	PA	17112

ARTICLE III - REGISTERED OFFICE AND REGISTERED AGENT

Name of Registered Agent (Cannot be corporation itself.)

Mike Fichter - Indian Right to Life

Address of Registered Agent (number and street) (PO Box not accepted)	City	State	ZIP code
9465 Counselors Row Ste. 304	Indianapolis	IN	46240

Required:

- ☒ By checking the box, the Signator(s) represents that the registered agent named in the application has consented to the appointment of registered agent.

ARTICLE IV - DATE OF INCORPORATION AND DURATION OF EXISTENCE

The date of incorporation in domiciliary state (month, day, year)	State
March 19, 1996	Pennsylvania

- ☒ The Corporation is perpetual until dissolution.
OR

☐ The latest date upon which the Corporation is to dissolve (month, day, year): _____

ARTICLE V - TYPE OF CORPORATION (CHECK ONLY ONE)

If the Corporation had been incorporated in Indiana, it would be a:

- ☒ public benefit corporation, which is organized for a public or charitable purpose;
☐ religious corporation, which is organized primarily or exclusively for religious purposes; or
☐ mutual benefit corporation (all others).

(Continued on the reverse side.)

ARTICLE VI - CORPORATE OFFICERS

List the names and business addresses of the officers of the Corporation.

Name	Title	Address (number and street, city, and state and ZIP code)
Carolyn Astfalk	Chair of Board of Directors	7810 Allentown Blvd # 304 Harrisburg, PA 17112
Kevin I. Bagatta	President & CEO	7810 Allentown Blvd # 304 Harrisburg, PA 17112
Thomas A. Lang	VP of Operations	7810 Allentown Blvd # 304 Harrisburg, PA 17112
Clifford W. McKeown	VP of Administration	7810 Allentown Blvd # 304 Harrisburg, PA 17112

Please attach additional sheets if necessary.

ARTICLE VII - BOARD OF DIRECTORS

The names and business addresses of the Board of Directors of the Corporation are as follows:

- ☐ By checking the box, the Signator(s) represents that the Corporation named in Article 1 is not required to have a Board of Directors in its domiciliary state.

Name	Address (number and street, city, and state and ZIP code)
Carolyn Astfalk	7810 Allentown Blvd # 304 Harrisburg, PA 17112
Kevin I. Bagatta	7810 Allentown Blvd # 304 Harrisburg, PA 17112
Anne Marie Manning	7810 Allentown Blvd # 304 Harrisburg, PA 17112
Kevin Millar	7810 Allentown Blvd # 304 Harrisburg, PA 17112

Please attach additional sheets if necessary.

ARTICLE VIII

Indicate whether the Corporation has members. ☐ Yes ☒ No members

SIGNATURE

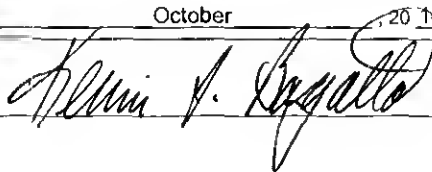
In witness whereof, the undersigned being the President & CEO of said Corporation signs this

(Title)

Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this 3rd

day of October, 2014

Signature



Printed name

Kevin I. Bagatta

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
RECEIVED
CORPORATIONS DIV
OCT -5 PM 9:51
SEPTEMBER 30, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

REAL ALTERNATIVES

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

Certification Number: 12140357-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

Indiana Secretary of State
Packet: 2014100700373
Filing Date: 10/06/2014
Effective Date: 10/06/2014

State of Indiana
Office of the Secretary of State

CERTIFICATE OF AUTHORITY
of
REAL ALTERNATIVES, INC.

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Pennsylvania Non-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, October 06, 2014.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 6, 2014.

Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE